

DEPARTMENT OF NATURAL RESOURCES

AGREEMENT FOR GROUP OR ORGANIZATION

VOLUNTARY SERVICES

SECTION ONE

(To be completed by Group or Organization Leader)

NAME OF GROUP OR ORGANIZATION _____

CONTACT ADDRESS _____

Street number

City

State

Zip

1. I have reviewed the description of work to be performed and amount of time required by our group or organization.
2. I agree that all of the work our group or organization performs under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or Group or Organization may cancel this agreement at any time by notifying the other party.
4. I give our Group or Organization's permission for free use of our name, voices and picture in any media coverage of our volunteer service.
5. I hereby declare, to the best of my knowledge, that the undersigned participants are in good physical health. I also understand the activities that our group or organization will be performing may be physically demanding.
6. I understand that if a group or organization participant is injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses incurred in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand that group or organization participants may be subject to a criminal record check or other background investigation.

I hereby volunteer our Group or Organization's services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.

Group or Organization Leader

Date

SECTION TWO

(To be completed by the Department of Natural Resources)

While this agreement is in effect, the Department of Natural Resources agrees to:

1. Accept Group or Organization participants as a State volunteer and recognize your rights under UCA 63-64 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the Work Description.
3. Reimbursement your pre-approved actual volunteer related expenses, to be extent funds are available.
4. When applicable, authorize you to ride in or operate a State motor vehicle. (copy of valid driver's license shall be attached if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resources Office.

Supervisor Signature

Title

Date

Print name and location of work site (Division/Office/Park/Facility)

LOW ORG

I grant authorization to utilize the services of the group or organization as volunteers, as noted in the work description.

DNR Executive Director (or designee) Signature

Date

For myself and as the authorized representative of the agency chief executive.

Director, Human Resources

Date

WORK DESCRIPTION

(To be agreed upon by Department of Natural Resources and Group or Organization)

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands. Use additional paper if necessary):

DATE(S) OF SERVICE _____ ESTIMATED TIME REQUIRED: _____

Group and Organization Volunteer Agreement and Time Record

Group or Organization Name	Group or Organization Leader	Number of participants	Date of Service
Group or Organization Address	Project Name or Description		Location of Work Site
Name of Participant (Use additional sheets if necessary)	Participant's Address (Street number, city, state, zip)		Total hours

All services will be offered and completed on a voluntary basis. We agree to comply with park rules. If we occupy a campsite, we will volunteer the dates and hours as assigned and agreed upon with the park manager. If our services require the operation of a state vehicle or equipment, we authorize State Parks to investigate our driving record. We understand the State will cover participants under Worker's Compensation Fund in case of injury for actual and necessary medical expenses only.

Group or Organization Leader Signature/Date

Park/Program Manager Signature/Date

Group and Organization Volunteer Agreement and Time Record

Group or Organization Name	Group or Organization Leader	Number of participants	Date of Service
Group or Organization Address	Project Name or Description		Location of Work Site

Name of Participant	Participant's Address	Emergency Contact Person and telephone Number

All services will be offered and completed on a voluntary basis. We agree to comply with park rules. If we occupy a campsite, we will volunteer the dates and hours as assigned and agreed upon with the park manager. If our services require the operation of a state vehicle or equipment, we authorize State Parks to investigate our driving record. We understand the State will cover participants under Worker's Compensation Fund in case of injury for actual and necessary medical expenses only.

Group or Organization Leader Signature/Date

Park/Program Manager Signature/Date